



VETERINARY MEDICINES DIRECTORATE
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APPLICATION FOR A NON-FOOD ANIMAL BLOOD BANK AUTHORISATION

Please read VMG Note 17 – Authorisations for Autogenous Vaccines
and Non-Food Animal Blood Banks

For Licensing Authority Use	
Application No.	
VMP No.	
Date Acknowledged	
Cost Centre Code	
Invoice No.	
Amount £	
Signature	
Date	

Please note: an incomplete form will lead to your application being returned to you.

This form should be used by applicants, who wish to collect and store blood for use in non-food animals to meet unforeseen or exceptional needs.. This authorisation will permit the blood to be placed on the market without a veterinary medicinal product marketing authorisation.

Section 1 – Administrative Particulars

1. Full name, address and contact details of proposed authorisation holder:

E-mail address:

Tel No:

Section 2 – Proposed Authorisations Details

2. The name of the veterinary surgeon(s) supervising the blood bank:

Section 3 – Declaration

I/We apply for a Non-Food Animal Blood Bank Authorisation to the proposed holder named above in the respect of the premise(s) as described above. I know that the information I/we have given above is correct at the time of applying for this authorisation.

Signature Status

Name in **BLOCK LETTERS** Date

WARNING: If any matters stated in this application are later found to be false, or incomplete, then the Secretary of State may refuse, suspend or revoke this authorisation..